

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/06/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155568	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 08/04/2015
NAME OF PROVIDER OR SUPPLIER WILLIAMSPORT NURSING AND REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 200 SHORT ST WILLIAMSPORT, IN 47993		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 000	<p>INITIAL COMMENTS</p> <p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 08/04/15</p> <p>Facility Number: 000449 Provider Number: 155568 AIM Number: 100290350</p> <p>At this Life Safety Code survey, Williamsport Nursing and Rehabilitation was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire, and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This one story facility was determined to be of Type II (000) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors and hard wired smoke detectors in all resident rooms. The facility has a capacity of 80 and had a census of 75 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered. All areas providing facility services were sprinklered except for one garage used for facility storage which was not sprinklered.</p>	K 000			
K 056 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>If there is an automatic sprinkler system, it is</p>	K 056		8/20/15	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

08/20/2015

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 056	<p>Continued From page 1</p> <p>installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure sprinkler heads were spaced a minimum of 6 feet apart for 1 of 1 automatic sprinkler systems. NFPA 13, Section 5-6.3.4, "Minimum Distance between Sprinklers", states sprinklers shall be spaced not less than 6 feet on center. This deficient practice could affect 18 residents on C hall north as well as staff or visitors.</p> <p>Findings include:</p> <p>Based on observation on 08/04/15 at 1:59 p.m. with the Maintenance Supervisor, two pendant sprinkler heads located in the ceiling of the Central supply room on C hall north was measured to be thirty six inches apart. Based on interview on 08/04/15 concurrent with the observation with the Administrator, it was acknowledged the aforementioned sprinkler heads observed were less than six feet apart.</p>	K 056			

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K 056	Continued From page 2 3.1-19(b)	K 056			
K 068 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Combustion and ventilation air for boiler, incinerator and heater rooms is taken from and discharged to the outside air. 19.5.2.2 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure 2 of 2 Utility rooms with gas fueled appliances were provided with intake combustion air from the outside for rooms containing fuel fired equipment. This deficient practice could create an atmosphere rich with carbon monoxide which could cause physical problems for 20 residents on C hall south and 16 residents on B hall as well as visitors and staff. Findings include: Based on observations on 08/04/15 during the tour between 2:20 p.m. to 3:10 p.m. with the Maintenance Supervisor, there were two gas fueled water heaters in the electrical room on C hall south and one gas fueled water heater in the Mechanical room on B hall which were not supplied with a fresh air intake from the outside. Based on interview on 08/04/15 concurrent with the observations it was acknowledged by the Maintenance Supervisor a fresh air intake for the aforementioned gas appliances was not present.	K 068		8/20/15	
K 070 SS=E	3.1-19(b) NFPA 101 LIFE SAFETY CODE STANDARD	K 070		8/20/15	

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K 070	<p>Continued From page 3</p> <p>Portable space heating devices are prohibited in all health care occupancies, except in non-sleeping staff and employee areas where the heating elements of such devices do not exceed 212 degrees F. (100 degrees C) 19.7.8</p> <p>This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to regulate the use of 1 of 1 portable space heaters observed in the facility. This deficient practice could affect 16 resident on B hall as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observation on 08/04/15 at 1:30 p.m. with the Maintenance Supervisor, inside the dietary manager's office on B hall had a portable space heater plugged in and ready for use: Based on interview on 08/04/15 concurrent with the observation, it was acknowledged by the Maintenance Supervisor space heaters were not allowed in the facility which was further verified by the space heater policy.</p> <p>3.1-19(b)</p>	K 070			